

# Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>Committee for Joseph W. Testa</u>							
Full Name of Contributor <u>Ross Chambers</u>							
Street Address <u>12364 Thoroughbred Dr.</u>				M <u>1</u>	D <u>0</u>	Y <u>3</u>	Amount <u>50.00</u>
City <u>Pickerington</u>	State <u>OH</u>	Zip Code <u>43147</u>		Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Pat Smith</u>							
Street Address <u>833 S. 3rd St.</u>				M <u>1</u>	D <u>1</u>	Y <u>2</u>	Amount <u>50.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43206</u>		Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Cindy Hardy</u>							
Street Address <u>2970 Sethwick Rd.</u>				M <u>1</u>	D <u>1</u>	Y <u>2</u>	Amount <u>35.00</u>
City <u>Dublin</u>	State <u>OH</u>	Zip Code <u>43016</u>		Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Gene Hinterschied</u>							
Street Address <u>5856 Thorngate Dr.</u>				M <u>1</u>	D <u>1</u>	Y <u>2</u>	Amount <u>25.00</u>
City <u>Galloway</u>	State <u>OH</u>	Zip Code <u>43119</u>		Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Gene Hinterschied</u>							
Street Address <u>5856 Thorngate Dr.</u>				M <u>1</u>	D <u>2</u>	Y <u>2</u>	Amount <u>25.00</u>
City <u>Galloway</u>	State <u>OH</u>	Zip Code <u>43119</u>		Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Gene Hinterschied</u>							
Street Address <u>5856 Thorngate Dr.</u>				M <u>1</u>	D <u>2</u>	Y <u>2</u>	Amount <u>25.00</u>
City <u>Galloway</u>	State <u>OH</u>	Zip Code <u>43119</u>		Form (Cash, Check, etc.) <u>Check</u>			

The above are employees of a unit or department under the direct supervision and control of Joseph W. Testa, who currently holds the public office of County Auditor. I hereby affirm that each contribution was voluntarily made.

Pat Chambers (Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G."